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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
WESTERN DISTRICT OF MISSOURI	_	
Case number (if known)	_ Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	Chapter 13	Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	rt 1: Identify Yourself			
		About Debtor 1:		About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name			
	Write the name that is on your government-issued picture identification (for	Gregory First name	_	Echo First name
	example, your driver's license or passport).	Allen Middle name		Renea Middle name
	Bring your picture identification to your meeting with the trustee.	McConnell Last name and Suffix (Sr., Jr., II, III)	_	McConnell Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years	3		
	Include your married or maiden names.			
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-4087		xxx-xx-8311

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Debtor 1 Gregory Allen McConnell Echo Renea McConnell

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	■ I have not used any business name or EINs. Business name(s) EINs	■ I have not used any business name or EINs. Business name(s) EINs
5.	Where you live	3709 S McCoy St.	If Debtor 2 lives at a different address:
		Independence, MO 64055 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		Jackson	
		County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for bankruptcy	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

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Deb	tor 2 Echo Renea McCo	nneii				Case number (if known)
Par	t 2: Tell the Court About	Your Banl	kruptcy Ca	ase		
7.	The chapter of the Bankruptcy Code you are	Check o	ne. (For a l			y 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy
	choosing to file under	☐ Chap	,,	go to ano top of page 1 a	от от от от от от от от	
		☐ Chap				
		☐ Chap				
		■ Chap				
8.	How you will pay the fee	ab or	out how yo der. If your	ou may pay. Typically, if yo attorney is submitting you	ou are paying the fee	eck with the clerk's office in your local court for more details yourself, you may pay with cash, cashier's check, or mone shalf, your attorney may pay with a credit card or check with
	a pre-printed address. I need to pay the fee in installments. If you choose this option, sign					tion, sign and attach the Application for Individuals to Pay
		Th	ne Filing Fe	ee in Installments (Official	Form 103A).	,
		☐ Ir	equest tha It is not rec	at my fee be waived (You	u may request this opti and may do so only if	ion only if you are filing for Chapter 7. By law, a judge may, your income is less than 150% of the official poverty line th
		ар	plies to yo	ur family size and you are	unable to pay the fee	in installments). If you choose this option, you must fill out
		tne	e Application	on to Have the Chapter /	Filing Fee Walved (Of	ficial Form 103B) and file it with your petition.
9.	. Have you filed for					
	bankruptcy within the last 8 years?	☐ Yes.				
	, ,		District		When	Case number
			District		When	Case number
			District		When	Case number
10	Are any bankruptcy					
	cases pending or being filed by a spouse who is not filing this case with you, or by a business	■ No □ Yes.				
	partner, or by an affiliate?					
			Debtor			Relationship to you
			District		When	Case number, if known
			Debtor			Relationship to you
			District		When	Case number, if known
11.	Do you rent your	■ No.	Go to	line 12.		
	residence?	☐ Yes.	Has yo	our landlord obtained an e	viction judgment agai	nst you and do you want to stay in your residence?
				No. Go to line 12.	_	
				Yes. Fill out Initial States	ment About an Eviction	n Judgment Against You (Form 101A) and file it with this

Debtor 1 Gregory Allen McConnell

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	otor 1 Gregory Allen Mc otor 2 Echo Renea McCo				Case number (if known)
Par	t3: Report About Any Bu	ısinesses	You Owr	ı as a Sole Proprie	tor
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.	
		☐ Yes.	Name	and location of bus	siness
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name	of business, if any	
	If you have more than one sole proprietorship, use a separate sheet and attach		Numb	er, Street, City, Sta	te & ZIP Code
	it to this petition.				x to describe your business:
					ness (as defined in 11 U.S.C. § 101(27A))
				· ·	Estate (as defined in 11 U.S.C. § 101(51B))
					efined in 11 U.S.C. § 101(53A))
				-	er (as defined in 11 U.S.C. § 101(6))
				None of the above	
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadline operation	s. If you ir	ndicate that you are ow statement, and f	court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of ederal income tax return or if any of these documents do not exist, follow the procedure
	For a definition of <i>small</i>	■ No.	I am r	not filing under Chap	oter 11.
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am f Code		11, but I am NOT a small business debtor according to the definition in the Bankruptcy
		☐ Yes.	I am f	iling under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.
Par	t 4: Report if You Own or	Have Any	/ Hazardo	ous Property or An	y Property That Needs Immediate Attention
14.	Do you own or have any	■ No.			
	property that poses or is alleged to pose a threat of imminent and identifiable hazard to	☐ Yes.	What is	the hazard?	
	public health or safety? Or do you own any property that needs			liate attention is	
	immediate attention?		needed,	why is it needed?	
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is	s the property?	
	O				Number, Street, City, State & Zip Code

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Debtor 1 Gregory Allen McConnell

Debtor 2 Echo Renea McConnell Case number (if known)

Part 5: Explain You

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 17-43139-drd13 Doc 1 Filed 11/17/17 Entered 11/17/17 09:58:52 Desc Main Document Page 6 of 59

	tor 1 tor 2	Gregory Allen McC Echo Renea McCo				Case nu	umber (if known)	
Part	6:	Answer These Questi	ons for Re	porting Purposes				
	What	kind of debts do	16a.	Are your debts primarily consun individual primarily for a personal,			e defined in 11 U.S.C. § 101(8)	as "incurred by an
	•			☐ No. Go to line 16b.				
				Yes. Go to line 17.				
				Are your debts primarily busines money for a business or investmen				n
				☐ No. Go to line 16c.				
				☐ Yes. Go to line 17.				
			16c.	State the type of debts you owe that	at are not consume	r debts or bus	siness debts	
17.		ou filing under ster 7?	■ No.	I am not filing under Chapter 7. Go	to line 18.			
	after	ou estimate that any exempt erty is excluded and		I am filing under Chapter 7. Do you are paid that funds will be available				inistrative expenses
	admi	nistrative expenses aid that funds will		□ No				
	be av	railable for bution to unsecured tors?		□ Yes				
18.		many Creditors do	1 -49		1 ,000-5,000		2 5,001-50,000	
	you e	estimate that you	□ 50-99		☐ 5001-10,000		☐ 50,001-100,000	
			☐ 100-19 ☐ 200-99		☐ 10,001-25,000		☐ More than100,0	00
19.		much do you	□ \$0 - \$5	50,000	□ \$1,000,001 - \$	10 million	□ \$500,000,001 - 3	\$1 billion
	estim be we	nate your assets to orth?		1 - \$100,000	\$10,000,001 -		\$1,000,000,001	
				01 - \$500,000 01 - \$1 million	\$50,000,001 - \$100,000,001		□ \$10,000,000,000 □ More than \$50 b	
20.		much do you	□ \$0 - \$5	0,000	□ \$1,000,001 - \$	10 million	□ \$500,000,001 -	\$1 billion
	estim to be	nate your liabilities ?	* ,	01 - \$100,000	□ \$10,000,001 -	•	□ \$1,000,000,001 □ \$10,000,000,000	*
				¥ ,		□ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million		billion
Part	7:	Sign Below						
For	you		I have exa	amined this petition, and I declare u	inder penalty of per	jury that the i	information provided is true an	d correct.
				hosen to file under Chapter 7, I am ates Code. I understand the relief a				
				ney represents me and I did not pa , I have obtained and read the notic				ill out this
			I request r	relief in accordance with the chapte	er of title 11, United	States Code,	, specified in this petition.	
				nd making a false statement, conc y case can result in fines up to \$25				
				ory Allen McConnell			nea McConnell a McConnell	
				Allen McConnell of Debtor 1		ignature of D		
			Executed	on November 16, 2017	E	xecuted on	November 16, 2017	
				MM / DD / YYYY			MM / DD / YYYY	

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		Docum	ent Page	7 of 59				
Debtor 1 Debtor 2	Gregory Allen McConnell			Case number (if known)				
•	attorney, if you are ed by one	under Chapter 7, 11, 12, or 13 of title	11, United States C	Code, and have e	informed the debtor(s) about eligibility to proceed explained the relief available under each chapter debtor(s) the notice required by 11 U.S.C. § 342(b)			
	not represented by ey, you do not need page.	and, in a case in which § 707(b)(4)(D schedules filed with the petition is inc) applies, certify tha	at I have no know	vledge after an inquiry that the information in the			
		/s/ David L. Dean		Date	November 16, 2017			
		Signature of Attorney for Debtor			MM / DD / YYYY			
		David L. Dean						
		Printed name						
		Patton & Knipp, LLC						
		Firm name						
		12760 West 87th St Pkwy						
		Ste 108						
		Lenexa, KS 66215						
		Number, Street, City, State & ZIP Code						
		Contact phone 913-495-9998		Email address	ddean@pattonknipp.com			

Bar number & State

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B2030 (Form 2030) (12/15)

United States Bankruptcy Court Western District of Missouri

In re	Gregory Allen Echo Renea N				Cas	e No.		
	Lono Ronoa II	1000		Debtor(s)	Cha	pter	13	
1. Pu				ENSATION OF AT			` ′	at
co	empensation paid to	me v	vithin one year before the f	iling of the petition in bankro on of or in connection with the	uptcy, or agreed to b	e paid	to me, for services	
	For legal service	es, I h	ave agreed to accept		\$		4,100.00	
	Prior to the filin	g of th	his statement I have receive	ed	\$		0.00	
	Balance Due				\$		4,100.00	
2. Th	ne source of the cor	mpens	ation paid to me was:					
	Debtor		Other (specify):					
3. Th	ne source of compe	ensatio	on to be paid to me is:					
	Debtor		Other (specify):					
4.	I have not agreed	d to sh	are the above-disclosed co	mpensation with any other p	erson unless they are	e meml	bers and associates	of my law firm.
				ensation with a person or person arms of the people sharing				law firm. A
5. In	return for the abo	ve-dis	closed fee, I have agreed to	render legal service for all a	aspects of the bankru	iptcy c	ase, including:	
b. c.	Preparation and f	iling of the d	of any petition, schedules, sebtor at the meeting of cree	ndering advice to the debtor statement of affairs and plan ditors and confirmation heari	which may be requir	ed;	-	nkruptcy;
6. By	y agreement with the	he deb	otor(s), the above-disclosed	fee does not include the foll	owing service:			
				CERTIFICATION				
	certify that the fore akruptcy proceeding		is a complete statement of	any agreement or arrangeme	ent for payment to m	e for re	epresentation of the	debtor(s) in
No	vember 16, 2017	7		/s/ David L. I				
Dai	te			David L. Dea Signature of A				
				Patton & Kn				
					87th St Pkwy			
				Ste 108 Lenexa, KS	66215			
					8 Fax: 888-720-1	985		
					onknipp.com			
				Name of law fi	rm			

1st Financial Bank USA 363 W Anchor Dr North Sioux City SD 57049

Ability Recovery Service PO Box 264 Taylor PA 18517

BB&T PO Box 1847 Wilson NC 27894

Cavalry Portfolio Services 500 Summit Lake Dr Ste 400 Valhalla NY 10595

Centerpoint Ambulatory 19550 E. 39th St. S#100 Independence MO 64057

Central State Recovery 1314 N Main St Hutchinson KS 67501

Chex Systems Inc 7805 Hudson Rd Suite 100 Saint Paul MN 55125

Cit Online Bank

CSC Credit Services Box 740040 Atlanta GA 30374-0040

Digestive Health Specialists 17501 E 40 Highway #213a Independence MO 64055

Dish Network 9601 S Meridian Blvd Englewood CO 80112 Equifax Information Systems PO Box 740256 Atlanta GA 30374

Experian PO Box 9701 Allen TX 75013

Navy Federal Credit Union POB 3700 Merrifield VA 22119

Nebraska Furniture Mart PO Box 3456 Omaha NE 68103

Portfolio Recovery Assoc. Attn: Bankruptcy Dept PO Box 41067 Norfolk VA 23541

Receivables Performance Mngmen 20816 44th Ave West Lynnwood WA 98036

RSH & Associates PO Box 14515 Lenexa KS 66285

Synchrony Bank PO Box 105972 Atlanta GA 30348

Synchrony Bank/CareCredit PO Box 960061 Orlando FL 32896

TD Bank USA/Target Credit PO Box 673 Minneapolis MN 55440

Transunion PO Box 1000 Chester PA 19022

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Van Hook Inpatient Services, LLC 19600 E 39th St S Independence MO 64057

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United States Bankruptcy Court Western District of Missouri

In re	Echo Renea McConnell		Case No.	
		Debtor(s)	Chapter	13

VERIFICATION OF MAILING MATRIX

The above-named Debtor(s) hereby verifies that the attached list of creditors is true and correct to the best of my knowledge and includes the name and address of my ex-spouse (if any).

Date:	November 16, 2017	/s/ Gregory Allen McConnell	
		Gregory Allen McConnell	
		Signature of Debtor	
Date:	November 16, 2017	/s/ Echo Renea McConnell	
		Echo Renea McConnell	
		Signature of Debtor	

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			0.90 = 0 0 0 0	
Fill in this infor	mation to identify your	case:		
Debtor 1	Gregory Allen Mo	Connell		
	First Name	Middle Name	Last Name	
Debtor 2	Echo Renea McC	onnell		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	WESTERN DISTRICT O	OF MISSOURI	
Case number				☐ Check if this is
,				amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

		Your a Value of	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	110,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	85,008.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	195,008.0
Par	t 2: Summarize Your Liabilities		
			abilities It you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	87,245.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	38,785.00
	Your total liabilities	\$	126,030.00
Par	3: Summarize Your Income and Expenses		
1.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	3,076.34
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	2,998.00
⊃aı	4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other scl	hedules.
	■ Yes		

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 2	Echo Renea McConnell	Case number (if known)		
. Fro n	n the Statement of Very Crywant Manthly Income Con	over total augment monthly income from Offi	ficial Form	

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

Debtor 1 Gregory Allen McConnell

	Total clain	1
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

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			Document	Page 15 of 59		
Fill in this informa	tion to identify	your case and th	is filing:			
Debtor 1		en McConnell				
Debtor 2	First Name		Name	Last Name		
(Spouse, if filing)	Echo Renea	Middle	Name	Last Name		
United States Bank	ruptcy Court for	the: WESTERN	DISTRICT OF MIS	SOURI		
Case number				_		Check if this is an amended filing
Official Forr	n 106A/F	.				
Schedule		_				12/15
think it fits best. Be a	is complete and pace is needed,	accurate as possible	e. If two married peop	f an asset fits in more than one ple are filing together, both are the top of any additional pages,	equally responsible for su	pplying correct
Part 1: Describe Ea	ch Residence, B	uilding, Land, or Otl	her Real Estate You (Own or Have an Interest In		
1. Do vou own or hav	e anv legal or ed	uitable interest in a	nv residence, buildin	g, land, or similar property?		
☐ No. Go to Part 2.	, ,		•			
Yes. Where is the						
1.1 3709 South	McCoy St		What is the prope	rty? Check all that apply	Do not deduct secured cla	aims or exemptions. Put
Street address, if a	Street address, if available, or other description			nulti-unit building	the amount of any secure Creditors Who Have Clair	d claims on Schedule D:
			_	ed or mobile home	Current value of the	Current value of the
Independen		ZIP Code	Land		entire property? \$110,000.00	portion you own? \$110,000.00
City	State	ZIF Code	☐ Investment ☐ Timeshare	property		
			Other			our ownership interest ancy by the entireties, or
			Who has an intere	est in the property? Check one	a life estate), if known.	
Jackson			Debtor 2 on			
County				d Debtor 2 only		
			☐ At least one	of the debtors and another	Check if this is com (see instructions)	nmunity property
			Other information property identification	you wish to add about this itenation number:	n, such as local	
				s from Part 1, including any		\$110,000.00
Part 2: Describe Yo	ur Vehicles					

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

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ebtor 1 ebtor 2	Gregory Allen McConnell Echo Renea McConnell		Case number (if known)			
	ns, trucks, tractors, sport utility vel	hicles, motorcycles				
□ No						
Yes						
3.1 Make	_{e:} Ford	Who has an interest in the property? Check one	Do not deduct secured cla			
Mode	el: Flex	■ Debtor 1 only	the amount of any secure Creditors Who Have Clair			
Year		☐ Debtor 2 only	Current value of the	Current value of the		
Appr	oximate mileage: 92000	Debtor 1 and Debtor 2 only	entire property?	portion you own?		
Othe	er information:	☐ At least one of the debtors and another				
201	4 Ford Flex		***	*		
		☐ Check if this is community property (see instructions)	\$10,000.00	\$10,000.0		
2 Make	e: Ford	Who has an interest in the property? Check one	Do not deduct secured cla			
Mode	el: Ranger	■ Debtor 1 only	the amount of any secure Creditors Who Have Clair			
Year	·	☐ Debtor 2 only				
	roximate mileage: 164000	Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?		
	er information:	☐ At least one of the debtors and another		, ,		
199	7 Ford Ranger					
	•	☐ Check if this is community property (see instructions)	\$500.00	\$500.0		
3 Make	_{e:} Yamaha	Who has an interest in the property? Check one	Do not deduct secured cla			
Mode	el: XVZ 13CT	☐ Debtor 1 only	the amount of any secure Creditors Who Have Clair			
Year		Debtor 2 only				
Appr	roximate mileage: 12000	Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?		
	er information:	☐ At least one of the debtors and another	ontille property.	portion you out.		
_	naha Motorcycle	At least one of the debtors and another				
		☐ Check if this is community property (see instructions)	\$2,000.00	\$2,000.0		
Examples ■ No □ Yes	s: Boats, trailers, motors, personal wa	d other recreational vehicles, other vehicles, tercraft, fishing vessels, snowmobiles, motorcyc	cle accessories			
		that number here		\$12,500.00		
rt 3: Des	scribe Your Personal and Household Ite	ems				
	, ,	terest in any of the following items?	ķ	Current value of the portion you own? On not deduct secured alaims or exemptions.		
<i>Example</i> □ No	old goods and furnishings es: Major appliances, furniture, linens, Describe	china, kitchenware				
	Furniture, Appli	ances, Utensils and Basic Tools		\$500.0		
	Household item	s purchased at Nebraska Furniture Mar	<u> </u>	\$600.0		
	Tiodociiola itelli	S par emedea at Hooracha i armare mar		4000		

Official Form 106A/B

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Debtor 1 Debtor 2	Gregory Al Echo Rene	llen McConnell ea McConnell	Case num	mber (if known)
7. Electr Exan	nples: Televisions including ce	and radios; audio, video, stereo, and digitell phones, cameras, media players, game	al equipment; computers, printers, scan s	nners; music collections; electronic device
■ Ye	es. Describe			
		Television(s) and Electronic Equ	uipment	\$300.
	other collec	nd figurines; paintings, prints, or other artwetions, memorabilia, collectibles	ork; books, pictures, or other art objects	ts; stamp, coin, or baseball card collections
	es. Describe			
	musical inst	tographic, exercise, and other hobby equip	oment; bicycles, pool tables, golf clubs,	, skis; canoes and kayaks; carpentry tools;
□ Ye	es. Describe			
	mples: Pistols, rifle	les, shotguns, ammunition, and related equ	uipment	
		Three Pistols		\$650.
		THI GO T ISLAND		
		One Shotgun		\$250.
	mples: Everyday o	clothes, furs, leather coats, designer wear,	, shoes, accessories	
		Clothing and Shoes		\$100.
	<i>mples:</i> Everyday j	jewelry, costume jewelry, engagement ring	gs, wedding rings, heirloom jewelry, wato	
		Costume Jewelry		\$10.
Exa	-farm animals amples: Dogs, cats o es. Describe	s, birds, horses		
		Family Dog		\$0.

☐ Yes. Give specific information.....

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		Allen McConnell enea McConnell	Case number (if known)	
15.		-	Part 3, including any entries for pages you have attached	\$2,410.00
Part	4: Describe Your F	Financial Assets		
Doy	ou own or have a	any legal or equitable interest	in any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
	No	you have in your wallet, in your	home, in a safe deposit box, and on hand when you file your petitio	n
	Deposits of mone Examples: Checkin instituti	ng, savings, or other financial ac	ecounts; certificates of deposit; shares in credit unions, brokerage hots with the same institution, list each.	ouses, and other similar
_	Yes		Institution name:	
		17.1.	Checking Account with Capital One	\$265.00
		17.2.	Checking Account with Commerce Bank	\$46.00
	No Yes	Institution or issue		
19. l	Non-publicly trade		er name: porated and unincorporated businesses, including an interest	in an LLC, partnership, and
_	joint venture No			
	Yes. Give specif	ic information about them Name of entity:		
_	Negotiable instrum	nents include personal checks, c	gotiable and non-negotiable instruments ashiers' checks, promissory notes, and money orders. transfer to someone by signing or delivering them.	
		c information about them Issuer name:		
	Retirement or pen Examples: Interest I No		, 403(b), thrift savings accounts, or other pension or profit-sharing μ	olans
	Yes. List each ac	ccount separately. Type of account:	Institution name:	
			401k Fidelity subject to loan of \$32,402.20 repaid at \$369.31 biweekly with 88 payments remaining - payoff will occur in approximately 3 and a half years	\$69,787.00
22. \$	Security deposits	and prepayments		
_	Your share of all un Examples: Agreem	nused deposits you have made	so that you may continue service or use from a company t, public utilities (electric, gas, water), telecommunications compani	es, or others
	No 1 Yes		Institution name or individual:	

☐ Yes.

Case 17-43139-drd13 Doc 1 Filed 11/17/17 Entered 11/17/17 09:58:52 Page 19 of 59 Document Debtor 1 **Gregory Allen McConnell** Debtor 2 **Echo Renea McConnell** Case number (if known) 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No ☐ Yes..... Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ■ No ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information...... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ■ No ☐ Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

■ No

☐ Yes. Give specific information..

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

■ No

☐ Yes. Describe each claim.......

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Gregory Allen McConnell Echo Renea McConnell Case number (if known)

	btor 1 btor 2	Echo Renea McConnell		Case number (if known)	
34.	Other of	contingent and unliquidated claims of every nature, inclu	uding counterclaims	of the debtor and rights to set o	ff claims
	No				
	☐ Yes.	Describe each claim			
35.	Any fin	ancial assets you did not already list			
	No				
l	☐ Yes.	Give specific information			
36.		he dollar value of all of your entries from Part 4, includir art 4. Write that number here		, ,	\$70,098.00
Par	t 5: De	scribe Any Business-Related Property You Own or Have an Inte	rest In. List any real esta	ate in Part 1.	
37.	Do you d	own or have any legal or equitable interest in any business-relat	ed property?		
	No. Go	to Part 6.			
	Yes. G	So to line 38.			
Par	t 6: De	scribe Any Farm- and Commercial Fishing-Related Property Yoเ	ມ Own or Have an Interes	st In.	
		ou own or have an interest in farmland, list it in Part 1.			
46.	Do you	own or have any legal or equitable interest in any farm-	or commercial fishir	ng-related property?	
	No.	Go to Part 7.			
	☐ Yes	. Go to line 47.			
Do	4.7.	Describe All Descriptiv Very Own or Hear an Intercrit in That Ve	Did Nat List Above		
Par	ι /:	Describe All Property You Own or Have an Interest in That Yo	u Did Not List Above		
	Examp	have other property of any kind you did not already list bles: Season tickets, country club membership	?		
	■ No □ Yes.	Give specific information			
					1
54.	Add t	he dollar value of all of your entries from Part 7. Write th	at number here	<u> </u>	\$0.00
Par	t 8:	List the Totals of Each Part of this Form			
55.	Part 1	: Total real estate, line 2			\$110,000.00
56.	Part 2	2: Total vehicles, line 5	\$12,500.00	_	. ,
57.	Part 3	3: Total personal and household items, line 15	\$2,410.00		
58.	Part 4	l: Total financial assets, line 36	\$70,098.00		
59.	Part 5	i: Total business-related property, line 45	\$0.00		
60.	Part 6	3: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7	': Total other property not listed, line 54 +	\$0.00		
62.	Total	personal property. Add lines 56 through 61	\$85,008.00	Copy personal property total	\$85,008.00
63.	Total	of all property on Schedule A/B. Add line 55 + line 62			\$195,008.00

Official Form 106A/B Schedule A/B: Property page 6

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Fill in this informa	ation to identify your	case:			
Debtor 1	Gregory Allen Mc	Connell			
	First Name	Middle Name	Last Name		
Debtor 2	Echo Renea McC	onnell			
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Banl	kruptcy Court for the:	WESTERN DISTRICT (OF MISSOURI		
Case number				☐ Check if this is an amended filing	

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property	You Claim as Exempt
-------------------------------	---------------------

 Whic 	h set of exemptions are	you claiming?	? Check one only	y, even if your	spouse is filing	g with you
--------------------------	-------------------------	---------------	------------------	-----------------	------------------	------------

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
3709 South McCoy St Independence, MO 64055 Jackson County	\$110,000.00	•	\$15,000.00	RSMo § 513.475
Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit	
2014 Ford Flex 92000 miles 2014 Ford Flex	\$10,000.00		\$3,000.00	RSMo § 513.430.1(5)
Line from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit	
2014 Ford Flex 92000 miles 2014 Ford Flex	\$10,000.00		\$889.00	RSMo § 513.430.1(3)
Line from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit	
2014 Ford Flex 92000 miles 2014 Ford Flex	\$10,000.00		\$1,600.00	RSMo § 513.440
Line from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit	
Furniture, Appliances, Utensils and Basic Tools	\$500.00		\$500.00	RSMo § 513.430.1(1)
Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	

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Debtor 1 Gregory Allen McConnell

De	btor 2 Echo Renea McConnell			Case number (if known)	
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
	Television(s) and Electronic Equipment	\$300.00		\$300.00	RSMo § 513.430.1(1)
	Line from Schedule A/B: 7.1			100% of fair market value, up to any applicable statutory limit	
	Three Pistols Line from Schedule A/B: 10.1	\$650.00		\$650.00	RSMo § 513.430.1(12)
	Zino nom osmodalo 702. Terr			100% of fair market value, up to any applicable statutory limit	
	One Shotgun Line from Schedule A/B: 10.2	\$250.00		\$250.00	RSMo § 513.430.1(12)
	Ellie II olii osii oddio 702. Toliz			100% of fair market value, up to any applicable statutory limit	
	Clothing and Shoes Line from Schedule A/B: 11.1	\$100.00		\$100.00	RSMo § 513.430.1(1)
	Elle IIIII Genedale A.B. TTT			100% of fair market value, up to any applicable statutory limit	
	Costume Jewelry Line from Schedule A/B: 12.1	\$10.00		\$10.00	RSMo § 513.430.1(2)
				100% of fair market value, up to any applicable statutory limit	
	Checking Account with Capital One Line from Schedule A/B: 17.1	\$265.00		\$265.00	RSMo § 513.430.1(3)
				100% of fair market value, up to any applicable statutory limit	
	Checking Account with Commerce Bank	\$46.00		\$46.00	RSMo § 513.430.1(3)
	Line from Schedule A/B: 17.2			100% of fair market value, up to any applicable statutory limit	
	401k Fidelity subject to loan of \$32,402.20 repaid at \$369.31 biweekly	\$69,787.00		\$69,787.00	RSMo § 513.430.1(10)(f)
with 88 payments remaining - payoff will occur in approximately 3 and a half years Line from Schedule A/B: 21.1				100% of fair market value, up to any applicable statutory limit	
3.	Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every No			iled on or after the date of adjustmen	it.)
	☐ Yes. Did you acquire the property cover☐ No	ed by the exemption w	ithin 1	,215 days before you filed this case?	?
	☐ Yes				

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			23 01 33		
Fill in this information	tion to identify you	r case:			
Debtor 1	Gregory Allen M	lcConnell			
	First Name	Middle Name Last Name			
Debtor 2	Echo Renea Mc				
(Spouse if, filing)	First Name	Middle Name Last Name			
United States Bankı	ruptcy Court for the:	WESTERN DISTRICT OF MISSOURI			
Coco number					
Case number				☐ Check	if this is an
				_	ed filing
					-
Official Form	<u>106D</u>				
Schedule D	: Creditors	Who Have Claims Secure	ed by Propert	У	12/15
		f two married people are filing together, both are out, number the entries, and attach it to this form			
1. Do any creditors ha	ive claims secured by	your property?			
□ No. Check th	nis box and submit th	nis form to the court with your other schedules	. You have nothing else t	o report on this form.	
Yes. Fill in al	II of the information b	pelow.			
Part 1: List All S	Secured Claims				
		nore than one secured claim, list the creditor separa	Column A	Column B	Column C
for each claim. If more	e than one creditor has	a particular claim, list the other creditors in Part 2. A cal order according to the creditor's name.		Value of collateral that supports this claim	Unsecured portion
2.1 BB&T		Describe the property that secures the claim:	\$86,077.00	\$110,000.00	If any \$0.00
Creditor's Name		3709 South McCoy St		<u> </u>	
		Independence, MO 64055 Jackson			
		As of the date you file, the claim is: Check all that			
PO Box 184		apply.			
Wilson, NC		Contingent			
Number, Street, Ci	ty, State & Zip Code	Unliquidated			
Who owes the debt	? Check one	Nature of lien. Check all that apply.			
Debtor 1 only	1 Official offic.	☐ An agreement you made (such as mortgage or	secured		
Debtor 2 only		car loan)	secureu		
■ Debtor 1 and Debto	or 2 only	☐ Statutory lien (such as tax lien, mechanic's lien))		
☐ At least one of the	•	☐ Judgment lien from a lawsuit			
☐ Check if this claim	n relates to a	Other (including a right to offset) First Mo	rtgage		
community debt					
Date debt was incurr	ed	Last 4 digits of account number			
2.2 Nebraska F	urniture Mart	Describe the property that secures the claim:	\$1,168.00	\$600.00	\$568.00
Creditor's Name		Household items purchased at	1		
		Nebraska Furniture Mart			
DO D 045	_	As of the date you file, the claim is: Check all that			
PO Box 345		apply.			
Omaha, NE		Contingent			
Number, Street, Ci	ty, State & Zip Code	☐ Unliquidated ☐ Disputed			
Who owes the debt	? Check one.	Nature of lien. Check all that apply.			
☐ Debtor 1 only	-	☐ An agreement you made (such as mortgage or	secured		
Debtor 2 only		car loan)			
■ Debtor 1 and Debte	or 2 only	☐ Statutory lien (such as tax lien, mechanic's lien))		
☐ At least one of the		☐ Judgment lien from a lawsuit			
☐ Check if this claim	n relates to a	Other (including a right to offset)			
community debt					
Date debt was incurr	ed	Last 4 digits of account number			

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Debtor 1	Gregory Allen McConnell			Case number (if know)	
	First Name	Middle Name	Last Name		
Debtor 2	Echo Renea McConnell				
	First Name	Middle Name	Last Name		
Add the	dollar value of ye	our entries in Column A on	this page. Write that number here:	\$87,245.00	
			lue totals from all pages.		

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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			Docu	ıment	Page 25 of 59		
Fill in	this informati	ion to identify your c	ase:				
Debto	r 1	Gregory Allen Mc	Connell				
20210	_	First Name	Middle Name		Last Name		
Debto	r 2	Echo Renea McCo	nnell				
(Spouse	e if, filing)	First Name	Middle Name		Last Name		
United	l States Bankru	uptcy Court for the:	WESTERN DISTR	ICT OF MIS	SOURI		
Case	number						
(if know	n)						Check if this is an
							amended filing
Offic	ial Form 1	06E/E					
		: Creditors W	ha Hava IIna	aaurad	Claima		12/15
							claims. List the other party to
Schedu Schedu left. Atta	le G: Executory le D: Creditors	Contracts and Unexpi Who Have Claims Secu lation Page to this page	ed Leases (Official F red by Property. If mo	orm 106G). Dore space is	ist executory contracts on S to not include any creditors needed, copy the Part you no port in a Part, do not file that	with partially secured cla eed, fill it out, number th	nims that are listed in e entries in the boxes on the
Part 1	List All of	Your PRIORITY Uns	secured Claims				
1. Do	any creditors h	nave priority unsecured	claims against you?				
	No. Go to Part 2	2.					
	Yes.						
Part 2	List All of	Your NONPRIORITY	Unsecured Claim	s			
3. Do	any creditors h	nave nonpriority unsecu	ıred claims against y	ou?			
	No. You have n	othing to report in this pa	rt. Submit this form to t	the court with	your other schedules.		
	Yes.						
un: tha	secured claim, lis	st the creditor separately	for each claim. For each	ch claim listed	e creditor who holds each cl i, identify what type of claim it i have more than three nonpriori	s. Do not list claims alread	y included in Part 1. If more
							Total claim
4.1	1st Financ	ial Bank USA	Last 4	digits of acc	ount number		\$11,932.00
	Nonpriority Cre			_			
	363 W And		When	was the debt	incurred?		
		t City, SD 57049	As of t	he date vou	file, the claim is: Check all tha	at annly	
		I the debt? Check one.	73 01 1	ne date you	me, the claim is. Oncor an the	и арргу	
	Debtor 1 or		Псог	ntingent			
	Debtor 2 or	•		iquidated			
	_	nd Debtor 2 only	☐ Dis	•			
	_	-			ITY unsecured claim:		
		e of the debtors and and	П о	dent loans	anooda od oldini.		
	☐ Check if the debt	nis claim is for a comm	шпту		ng out of a separation agreeme	nt or divorce that you did	not
		ubject to offset?		as priority clai		int or divorce that you did i	IUI
	■ No		☐ Deb	ots to pension	or profit-sharing plans, and ot	ner similar debts	
	□Yes		■ Oth	ner Specify	Credit Card Purchases	3	
	00		— Oth	er. Specify _		=	

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Debte	pr 2 Echo Renea McConnell	Case number (if know)	
4.2	Centerpoint Ambulatory	Last 4 digits of account number	\$147.00
	Nonpriority Creditor's Name 19550 E. 39th St. S#100 Independence, MO 64057	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	☐ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Medical Bills	
4.3	Chex Systems Inc	Last 4 digits of account number	Unknown
	Nonpriority Creditor's Name 7805 Hudson Rd	When was the debt incurred?	
	Suite 100	when was the debt incurred?	
	Saint Paul, MN 55125		
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.4	Cit Online Bank	Last 4 digits of account number	\$3,915.00
	Nonpriority Creditor's Name	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify Credit Card Purchases	
		— Outlot. Openity	

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Debto	r 2 Echo Renea McConnell	Case number (if know)	
4.5	Digestive Health Specialists Nonpriority Creditor's Name	Last 4 digits of account number	\$70.00
	17501 E 40 Highway #213a Independence, MO 64055	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Medical Bills	
4.6	Dish Network	Last 4 digits of account number	\$90.00
	Nonpriority Creditor's Name 9601 S Meridian Blvd Englewood, CO 80112	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	☐ Debtor 1 only	☐ Contingent	
	Debtor 2 only	□ Unliquidated	
	■ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	_	☐ Student loans	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify Other	
4.7	Navy Federal Credit Union	Last 4 digits of account number	\$15,070.00
	Nonpriority Creditor's Name POB 3700	When was the debt incurred?	<u> </u>
	Merrifield, VA 22119		
	Number Street City State ZIp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Credit Card Purchases	

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	1 Gregory Allen McConnell 2 Echo Renea McConnell	Case number (if know)	
4.8	Synchrony Bank	Last 4 digits of account number	\$1,908.00
	Nonpriority Creditor's Name PO Box 105972 Atlanta, GA 30348	When was the debt incurred?	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	Пол	
	Debtor 2 only	Contingent	
	_	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	Student loans	
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Medical Bills	
4.9	Synchrony Bank/CareCredit Nonpriority Creditor's Name	Last 4 digits of account number	\$1,944.00
	PO Box 960061 Orlando, FL 32896	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	☐ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Medical Bills	
4.1	TD Bank USA/Target Credit	Last 4 digits of account number	\$1,146.00
0	Nonpriority Creditor's Name		V 1,11000
	PO Box 673	When was the debt incurred?	
	Minneapolis, MN 55440 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the damnis. Check an that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only		
	_	☐ Disputed Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	Student loans	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify Credit Card Purchases	
		Carior. Opcomy	

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Debtor 1 Gregory Allen McConnell Debtor 2 Echo Renea McConnell Case number (if know) 4.1 Van Hook Inpatient Services, LLC \$2,563.00 Last 4 digits of account number Nonpriority Creditor's Name 19600 E 39th St S When was the debt incurred? Independence, MO 64057 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Medical Bills Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Ability Recovery Service** Line 4.11 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims **PO Box 264** ■ Part 2: Creditors with Nonpriority Unsecured Claims Taylor, PA 18517 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address **Cavalry Portfolio Services** Line 4.8 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 500 Summit Lake Dr ■ Part 2: Creditors with Nonpriority Unsecured Claims Ste 400 Valhalla, NY 10595 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Central State Recovery** Line 4.5 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 1314 N Main St Part 2: Creditors with Nonpriority Unsecured Claims Hutchinson, KS 67501 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address **CSC Credit Services** Line 4.3 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Box 740040 Part 2: Creditors with Nonpriority Unsecured Claims Atlanta, GA 30374-0040 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Equifax Information Systems** Line 4.3 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 740256 Part 2: Creditors with Nonpriority Unsecured Claims Atlanta, GA 30374 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Experian Line 4.3 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 9701 ■ Part 2: Creditors with Nonpriority Unsecured Claims Allen, TX 75013 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Portfolio Recovery Assoc. Line 4.4 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Attn: Bankruptcy Dept Part 2: Creditors with Nonpriority Unsecured Claims PO Box 41067 Norfolk, VA 23541

Last 4 digits of account number

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Debtor 2 Echo Renea McConnell		Case number (if know)			
Name and Address	On which entry in Part 1 or Part 2 did you list the original creditor?				
Receivables Performance Mngmen	Line 4.6 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims			
20816 44th Ave West Lynnwood, WA 98036		■ Part 2: Creditors with Nonpriority Unsecured Claims			
Lymwood, WA 98036	Last 4 digits of account number				
Name and Address	On which entry in Part 1 or Part 2 did you list the original creditor?				
RSH & Associates	Line 4.2 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims			
PO Box 14515 Lenexa, KS 66285		Part 2: Creditors with Nonpriority Unsecured Claims			
Lenexa, NO 00203	Last 4 digits of account number				
Name and Address	On which entry in Part 1 or Part 2 did you list the original creditor?				
Transunion	Line 4.3 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims			
PO Box 1000 Chester, PA 19022		■ Part 2: Creditors with Nonpriority Unsecured Claims			
01103101, 1 7 13022	Last 4 digits of account number				

Part 4: Add the Amounts for Each Type of Unsecured Claim

Debtor 1 Gregory Allen McConnell

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
				Total Claim
Total	6f.	Student loans	6f.	\$ 0.00
claims from Part 2	6g.	Obligations arising out of a separation agreement or divorce that		
	J	you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 38,785.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 38,785.00

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Fill in this information to identify your case:					
Debtor 1	Gregory Allen Mo	Connell			
	First Name	Middle Name	Last Name		
Debtor 2	Echo Renea McC	onnell			
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the:		WESTERN DISTRICT O	OF MISSOURI		
Case number (if known)					

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

ı	Person or	company with	whom you have the r, Street, City, State and ZIF	e contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.2					
	Name				
	Number	Street			
	City		State	ZIP Code	
2.3	Oity		Olate	Zii Gode	
	Name				_
	Number	Street			<u> </u>
	City		State	ZIP Code	_
2.4					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.5	City		Olalo	211 0000	
0	Name				_
	Number	Street			_
	City		State	ZIP Code	<u> </u>

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		Docume	ent Page 32 o	T 59	
Fill in this	s information to identify your	case:			
Debtor 1	Gregory Allen Mo	Middle Name	Last Name		
Debtor 2	Echo Renea McC	onnell			
(Spouse if, fil		Middle Name	Last Name		
United Sta	ates Bankruptcy Court for the:	WESTERN DISTRICT	OF MISSOURI		
Cooo num	ah a r				
Case num (if known)				☐ Check if this is an	
				amended filing	
Codebtors people are fill it out, a your name 1. Do No	e filing together, both are equand number the entries in the e and case number (if known) you have any codebtors? (If	re also liable for any del ally responsible for sup boxes on the left. Attacl a. Answer every question you are filing a joint case,	plying correct information the Additional Page to a construction. do not list either spouse	s complete and accurate as possible. If two married ion. If more space is needed, copy the Additional Page of this page. On the top of any Additional Pages, write as a codebtor.	
■ No □ Ye 3. In Co in line Form	e 2 again as a codebtor only i	use, or legal equivalent liv ors. Do not include your f that person is a guarar	e with you at the time? spouse as a codebtorator or cosigner. Make	if your spouse is filing with you. List the person show sure you have listed the creditor on Schedule D (Offici 6G). Use Schedule D, Schedule E/F, or Schedule G to f	al
	Column 1: Your codebtor Name, Number, Street, City, State and Z	IP Code		Column 2: The creditor to whom you owe the debt Check all schedules that apply:	
				жеру	
3.1	N			Schedule D, line	
	Name			Schedule E/F, line	
				☐ Schedule G, line	
	Number Street			_	
	City	State	ZIP Code		
3.2				☐ Schedule D, line	_
	Name			☐ Schedule E/F, line	
				☐ Schedule G, line	
	Number Street			_	
	City	State	ZIP Code		
	•				

Schedule H: Your Codebtors

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Fill in this informat	ion to identify your case:	
Debtor 1	Gregory Allen McConnell	
Debtor 2 (Spouse, if filing)	Echo Renea McConnell	
United States Ban	kruptcy Court for the: WESTERN DISTRICT OF MISSOURI	
Case number (If known)		Check if this is: ☐ An amended filing ☐ A supplement showing postpetition chapter
Official Fo		13 income as of the following date: MM / DD/ YYYY
Cahadula	I. Valle Incomo	

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	Describe Employment			
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job,		■ Employed	☐ Employed
	attach a separate page with information about additional	Employment status	☐ Not employed	■ Not employed
	employers.	Occupation	Operation Technician	
	Include part-time, seasonal, or self-employed work.	Employer's name	Orbital/ATK	
	Occupation may include student Employer's address or homemaker, if it applies.		25 201 Missouri 78 Hwy Independence, MO 64056	
		How long employed the	nere? 7 years	

Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1

For Debtor 2 or

0.00

0.00

0.00

non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 6,933.33 deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. +\$ 0.00 Calculate gross Income. Add line 2 + line 3. 6,933.33

Official Form 106I Schedule I: Your Income page 1

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	otor 1 otor 2	Gregory Allen McConnell Echo Renea McConnell	-		Case	e number (<i>if known</i>)	_					
					For Debtor 1				Debtor -filing s			
	Cop	y line 4 here	4.		\$_	6,933.33	_	\$		0.0		
5.	List	all payroll deductions:										
	5a.	Tax, Medicare, and Social Security deductions	5	a.	\$	1,344.63	,	\$		0.0	00	
	5b.	Mandatory contributions for retirement plans	51	b.	\$	0.00	_	\$		0.0		
	5c.	Voluntary contributions for retirement plans	5	c.	\$	974.31	_	\$		0.0	0	
	5d.	Required repayments of retirement fund loans	5	d.	\$	800.17	-	\$		0.0	00	
	5e.	Insurance	5	e.	\$	737.88		\$		0.0	0	
	5f.	Domestic support obligations	51	f.	\$_	0.00	_	\$		0.0	0	
	5g.	Union dues		g.	\$_	0.00	_	\$		0.0		
	5h.	Other deductions. Specify:	_ 51	h.+	\$_	0.00	_ +	\$		0.0	0	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$_	3,856.99	_	\$		0.0	0	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$_	3,076.34		\$		0.0	0	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8:	a.	\$	0.00	1	\$		0.0	10	
	8b.	Interest and dividends		b.	\$	0.00	_	\$-		0.0		
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.		С.	\$_	0.00	_	\$		0.0		
	8d.	Unemployment compensation	8	d.	\$	0.00)	\$		0.0	00	
	8e.	Social Security	8	e.	\$	0.00)	\$		0.0	00	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	81		\$_	0.00	_	\$		0.0		
	8g.	Pension or retirement income		g.	\$_	0.00	_	\$		0.0		
	8h.	Other monthly income. Specify:	_ 81	h.+	\$_	0.00	_ +	Φ		0.0	<u> </u>	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	. [\$_	0.00)	\$		0.	.00	
10	Cal	culate monthly income. Add line 7 + line 9.	10.	\$		3,076.34 +			0.00	= \$	2	076.34
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		Ψ-		3,070.04	_		0.00			010.04
11.	Inclu othe	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not acify:	dep						chedule 11.			0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies							12.	\$_	3,	076.34
13.	Do ¹	you expect an increase or decrease within the year after you file this form	?						·	Coml		l ncome
		No. Yes. Explain:										

Official Form 106I Schedule I: Your Income page 2

Eill	in this informa	ation to identify ve	OUT 0000:			i		
FIII	in this informa	ation to identify yo	our case.					
Deb	otor 1	Gregory Alle	n McCor	nnell			k if this is:	
	otor 2 ouse, if filing)	Echo Renea	McConn	ell				ving postpetition chapter the following date:
Linit	and States Bank	ruptov Court for the	· WESTE	ERN DISTRICT OF MISSO	NIDI	_	MM / DD / YYYY	
Unit	ed States Bank	rupicy Court for the	. WESTE	EKN DISTRICT OF WISSC	JOKI	'	VIIVI / DD / TTTT	
1	e number nown)							
		orm 106J						
		J: Your						12/15
info	ormation. If m		eded, atta	. If two married people and the control of the cont				
Par	t 1: Desc	ribe Your House	ehold					
1.	Is this a joi							
	□ No. Go to		_					
		es Debtor 2 live	ın a separ	ate nousehold?				
	■ N		st file Offici	al Form 106J-2, <i>Expenses</i>	s for Separate House	ehold of Debte	or 2.	
2.	Do you hav	e dependents?	□ No					
	Do not list D Debtor 2.	ebtor 1 and	■ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents	names.			Son			Yes
								□ No □ Yes
								□ No
								☐ Yes
								□ No
3.	Do your ox	penses include	_					☐ Yes
J.	expenses d	penses include of people other t od your depende	han $_{\square}$	No Yes				
Est	imate your e	nate Your Ongoi xpenses as of yo a date after the l	our bankr	y Expenses uptcy filing date unless y y is filed. If this is a supp	ou are using this followed	orm as a sup	oplement in a Cha e box at the top o	apter 13 case to report f the form and fill in the
app	olicable date.							
the		h assistance an		government assistance i luded it on <i>Schedule I:</i> Y			Your exp	enses
4.				ses for your residence.	nclude first mortgag	e 4. \$		658.00
		nd any rent for th	o ground t	n IOC.		Ψ		
	it not includ	ded in line 4:						
		estate taxes				4a. \$		0.00
		erty, homeowner's				4b. \$		0.00
		e maintenance, re eowner's associat		upkeep expenses dominium dues		4c. \$ 4d. \$		100.00 0.00
5.				our residence, such as ho	me equity loans	5. \$		0.00

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Debtor 1 Debtor 2	Gregory Allen McConnell Echo Renea McConnell	Case number (if known)					
6 114:11.	· · · · · · · · · · · · · · · · · · ·		_				
6. Utilit 6a.	Electricity, heat, natural gas	6a.	\$	320.00			
6b.	Water, sewer, garbage collection	6b.	· · · — — — — — — — — — — — — — — — — —	25.00			
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.		400.00			
6d.	Other. Specify:	6d.	·	0.00			
	d and housekeeping supplies	- 7 .	· -	600.00			
	dcare and children's education costs	8.	\$	20.00			
. Cloti	ning, laundry, and dry cleaning	9.	\$	75.00			
	onal care products and services	10.	· · ·	30.00			
1. Med i	cal and dental expenses	11.	\$	60.00			
2. Tran	sportation. Include gas, maintenance, bus or train fare.						
	ot include car payments.	12.	\$	280.00			
	rtainment, clubs, recreation, newspapers, magazines, and books	13.	· -	100.00			
I. Char	itable contributions and religious donations	14.	\$	0.00			
5. Insu							
	ot include insurance deducted from your pay or included in lines 4 or 20.	15a.	¢.	0.00			
	Life insurance Health insurance	15a. 15b.	*	0.00			
	Vehicle insurance	15b. 15c.	· · · — — — — — — — — — — — — — — — — —	0.00			
		15d.	·	150.00			
	Other insurance. Specify:	150.	Ф	0.00			
	s. Do not include taxes deducted from your pay or included in lines 4 or 20. ify: Personal Property Tax	16.	\$	30.00			
	illment or lease payments:		Ψ	30.00			
	Car payments for Vehicle 1	17a.	\$	0.00			
	Car payments for Vehicle 2	17b.	·	0.00			
	Other. Specify:	17c.	·	0.00			
	Other. Specify:	17d.	*	0.00			
	payments of alimony, maintenance, and support that you did not report as	_	·				
	icted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00			
Othe	r payments you make to support others who do not live with you.		\$	0.00			
Spec	·	19.					
	r real property expenses not included in lines 4 or 5 of this form or on Sched						
	Mortgages on other property	20a.	·	0.00			
	Real estate taxes	20b.	· -	0.00			
	Property, homeowner's, or renter's insurance	20c.	·	0.00			
	Maintenance, repair, and upkeep expenses	20d.	·	0.00			
	Homeowner's association or condominium dues	20e.	*	0.00			
	r: Specify: Miscellaneous (gifts, postage, child expenses, etc)	21.	+\$	100.00			
Pet	Expenses	_	+\$	50.00			
. Calc	ulate your monthly expenses						
	Add lines 4 through 21.		\$	2,998.00			
	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$				
	Add line 22a and 22b. The result is your monthly expenses.		\$	2,998.00			
220.	Add into EEG and EED. The result to your monthly expenses.			2,330.00			
	ulate your monthly net income.						
	Copy line 12 (your combined monthly income) from Schedule I.	23a.	· -	3,076.34			
23b.	Copy your monthly expenses from line 22c above.	23b.	-\$	2,998.00			
00 -	Cultural transfer and the company of						
23c.	Subtract your monthly expenses from your monthly income.	23c.	\$	78.34			
	The result is your monthly net income.	200.	<u> </u>	. 5.0 -			
For ex modif	ou expect an increase or decrease in your expenses within the year after you kample, do you expect to finish paying for your car loan within the year or do you expect your m ication to the terms of your mortgage?			or decrease because of a			
■ N							
□ Y	es. Explain here:						

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Fill in this infor	rmation to identify your	case:		
Debtor 1	Gregory Allen Mc	Connell		
Dobtor 1	First Name	Middle Name	Last Name	
Debtor 2	Echo Renea McCo	onnell		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	ankruptcy Court for the:	WESTERN DISTRICT	OF MISSOURI	
Case number (if known)				☐ Check if this is an amended filing
Official For	•	n Individua	l Debtor's Schedule	9S 12/15
obtaining mone years, or both. 1		connection with a bar	es or amended schedules. Making a fal nkruptcy case can result in fines up to	se statement, concealing property, or \$250,000, or imprisonment for up to 20
Did you pa	ay or agree to pay some	one who is NOT an atto	orney to help you fill out bankruptcy fo	rms?
■ No				
☐ Yes.	Name of person			ach Bankruptcy Petition Preparer's Notice, claration, and Signature (Official Form 119)
	alty of perjury, I declare re true and correct.	that I have read the su	mmary and schedules filed with this de	eclaration and
X /s/ Gre	egory Allen McConne	I	X /s/ Echo Renea McCor	nnell
Grego	ory Allen McConnell		Echo Renea McConne	-
Signatu	ure of Debtor 1		Signature of Debtor 2	
Date	November 16, 2017		Date November 16, 2	017

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Fill	in this inform	nation to identify you	case.			
	tor 1	Gregory Allen M				
200		First Name	Middle Name	Last Name		
	tor 2 use if, filing)	Echo Renea McC	Connell Middle Name	Last Name		
	-	nkruptcy Court for the:	WESTERN DISTRICT OF			
		intraptoy Court for the.				
Cas (if kno	e number					theck if this is an mended filing
Sta Be a	s complete a	of Financial	ble. If two married people a		equally responsible for sup	
		n). Answer every ques		this form. On the top of any	/ additional pages, write you	ir name and case
Part	Give D	Details About Your Ma	rital Status and Where You	Lived Before		
1.	What is you	r current marital statu	s?			
	■ Married□ Not mar	ried				
2.	During the la	ast 3 years, have you	lived anywhere other than	where you live now?		
	■ No □ Yes. Lis	it all of the places you li	ved in the last 3 years. Do no	ot include where you live now		
	Debtor 1 Pr	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
					ity property state or territory co, Texas, Washington and W	
	☐ Yes. Ma	ake sure you fill out Sch	nedule H: Your Codebtors (Of	fficial Form 106H).		
Part	Explai	n the Sources of You	r Income			
	Fill in the tota	al amount of income yo	u received from all jobs and a	g a business during this yeall businesses, including partetogether, list it only once un		ndar years?
	□ No ■ Yes. Fill	l in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$71,766.26	☐ Wages, commissions, bonuses, tips	\$0.00
			☐ Operating a business		☐ Operating a business	

Official Form 107

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De	btor 2	Ec	ho Renea	McConnell			Cas	e number (if known)		
					Debtor 1			Debtor 2		
					Sources of income Check all that apply.	Gross income (before deductions)		Sources of inc		Gross income (before deductions and exclusions)
			dar year: December	31, 2016)	■ Wages, commissions, bonuses, tips	\$5	2,991.00	☐ Wages, combonuses, tips	missions,	\$0.00
					☐ Operating a business			☐ Operating a	business	
			dar year be December		■ Wages, commissions, bonuses, tips	\$5	8,663.00	☐ Wages, combonuses, tips	missions,	\$0.00
					☐ Operating a business			Operating a	business	
	•	No	source and t	Ü	me from each source separa Debtor 1	,		Debtor 2		
	_		Fill in the de	etails.						
					Debtor 1 Sources of income	Gross income	e from	Debtor 2 Sources of inc	ome	Gross income
					Describe below.	each source (before deductions)	tions and	Describe below		(before deductions and exclusions)
Pa	rt 3:	List	Certain Pa	yments You	Made Before You Filed for	Bankruptcy				
3 -	_	either No. Yes.	During the No. Yes	potent 1 nor Derimarily for a 90 days befor Go to line 7 List below e paid that create not include to adjustment or Debtor 2 or 90 days befor Go to line 7 List below e include payor serimarily for Debtor 2 or Debtor 3 or Debtor 4 or Debtor 4 or Debtor 5 or Debtor 5 or Debtor 6 or Debtor 7 List below e include payor	ach creditor to whom you paiditor. Do not include paymer bayments to an attorney for ton 4/01/19 and every 3 year both have primarily consure you filed for bankruptcy, di	umer debts. Consider purpose." id you pay any credict a total of \$6,42s and the standard process after that for case and you pay any credict a total of \$600 certains.	editor a tota 5* or more i upport oblig se. ses filed on editor a tota or more and	I of \$6,425* or mo in one or more pay gations, such as ch or after the date o I of \$600 or more?	re? /ments and the support and fadjustment of adjustment of you paid that	he total amount you and alimony. Also, do
	Cros	litor	s Name and	,		ant Total	amount	Amount voi:	Was this	payment for
	CIEC	aitOi '	o manie and	a Auuress	Dates of payme	int Total	paid	Amount you still owe	ชชลอ แแร้	payment for

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Debtor	2 Echo Renea McConnell		Cas	e number (if known)		
Ins of a b	ithin 1 year before you filed for bankrupt siders include your relatives; any general pawhich you are an officer, director, person in business you operate as a sole proprietor. If mony.	artners; relatives of any gen n control, or owner of 20% of	neral partners; partne or more of their voting	erships of which you	ou are a general any managing age	partner; corporation ent, including one fo
■	No Yes. List all payments to an insider.					
	sider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for th	nis payment
ins	ithin 1 year before you filed for bankrupt sider? clude payments on debts guaranteed or cos		•	nny property on a	ccount of a deb	ot that benefited an
	No Yes. List all payments to an insider					
In	sider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for th	
Part 4:	Identify Legal Actions, Repossessio	ne and Foroclosuros	,	5 5.1. 5		
	ithin 1 year before you filed for bankrup		ny lawsuit, court ac	tion, or administ	rative proceedir	ng?
Lis	st all such matters, including personal injury odifications, and contract disputes.					
	No					
	Yes. Fill in the details.					
_	ase title ase number	Nature of the case	Court or agency		Status of the	case
M	avalry SPV v Gregory Allen IcConnell 716-CV22986	civil	Jackson Count 321 Lexington Independence,	Suite 100	■ Pending □ On appeal □ Concluded	
10. Wi Ch	ithin 1 year before you filed for bankrupt neck all that apply and fill in the details belo	tcy, was any of your prop	erty repossessed, f	oreclosed, garni	shed, attached,	seized, or levied?
■□	No. Go to line 11. Yes. Fill in the information below.					
C	reditor Name and Address	Describe the Property		Date		Value of the
		Explain what happene	d			property
	thin 90 days before you filed for bankru counts or refuse to make a payment bed No Yes. Fill in the details.		cluding a bank or fir	nancial institution	າ, set off any am	nounts from your
C	reditor Name and Address	Describe the action the	e creditor took	Date taker	action was	Amount
	ithin 1 year before you filed for bankrupt urt-appointed receiver, a custodian, or a No Yes		erty in the possess			it of creditors, a

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Debi	tor 2 Echo Renea McConnell		Case number	er (if known)	
Part	5: List Certain Gifts and Contributions				
	Within 2 years before you filed for bankrupt	cy, did you give any	gifts with a total value of more	than \$600 per person?	?
	NoYes. Fill in the details for each gift.				
	Gifts with a total value of more than \$600 per person	Describe the g	ífts	Dates you gave the gifts	Value
	Person to Whom You Gave the Gift and Address:				
	Within 2 years before you filed for bankrupt ■ No	cy, did you give any (gifts or contributions with a to	tal value of more than	\$600 to any charity?
	Yes. Fill in the details for each gift or cont	ibution.			
	Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	Describe what	you contributed	Dates you contributed	Value
Part	6: List Certain Losses				
	Within 1 year before you filed for bankrupto or gambling?	y or since you filed fo	or bankruptcy, did you lose an	ything because of thef	t, fire, other disaster,
	■ No □ Yes. Fill in the details.				
	how the loss occurred	clude the amount that i	e coverage for the loss nsurance has paid. List pending 33 of <i>Schedule A/B: Property.</i>	Date of your loss	Value of property lost
Part	7: List Certain Payments or Transfers		00 01 001100010 7 V = 7 7 1 0poly		
(Within 1 year before you filed for bankruptc consulted about seeking bankruptcy or pre Include any attorneys, bankruptcy petition prep	paring a bankruptcy	petition?		rty to anyone you
	□ No ■ Yes. Fill in the details.				
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and transferred	d value of any property	Date payment or transfer was made	Amount of payment
	Access BK			11/15/17	\$9.95
	www.accessbk.com				
	Within 1 year before you filed for bankrupto promised to help you deal with your credito Do not include any payment or transfer that yo	rs or to make payme		/ or transfer any prope	rty to anyone who
	NoYes. Fill in the details.				
	Person Who Was Paid Address	Description and transferred	d value of any property	Date payment or transfer was made	Amount of payment

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Debtor 1 Gregory Allen McConnell
Debtor 2 Echo Renea McConnell

Case number (if known)

	Within 2 years before you filed for bankrupt transferred in the ordinary course of your be include both outright transfers and transfers minclude gifts and transfers that you have alread No Yes. Fill in the details.	ousiness or financial affa ade as security (such as t	airs? he granting of a			
	Person Who Received Transfer Address Person's relationship to you	Description and v property transfer		payme	ibe any property or ents received or debts n exchange	Date transfer was made
	Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro ■ No □ Yes. Fill in the details.		y property to a	self-settle	d trust or similar device	of which you are a
	Name of trust	Description and v	alue of the pro	perty trans	ferred	Date Transfer was made
Part	8: List of Certain Financial Accounts, In	struments, Safe Deposit	Boxes, and St	orage Unit	s	
	Within 1 year before you filed for bankrupto sold, moved, or transferred? Include checking, savings, money market, chouses, pension funds, cooperatives, asso No	or other financial accour	nts; certificates	of deposit		
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of according trument	unt or	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
	Do you now have, or did you have within 1 cash, or other valuables?	year before you filed for	bankruptcy, a	ny safe dep	oosit box or other depos	itory for securities,
	■ No □ Yes. Fill in the details.					
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		Describe	the contents	Do you still have it?
22.	Have you stored property in a storage unit	or place other than your	home within 1	year befor	e you filed for bankrupto	cy?
	■ No □ Yes. Fill in the details.					
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, S State and ZIP Code)		Describe	the contents	Do you still have it?
Part	9: Identify Property You Hold or Control	for Someone Else				
	Do you hold or control any property that so for someone.	omeone else owns? Inclu	ude any proper	ty you borr	rowed from, are storing t	for, or hold in trust
	■ No □ Yes. Fill in the details.					
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, S Code)		Describe	the property	Value
	10: Give Details About Environmental Inf					

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

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toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or

Debtor 1 Gregory Allen McConnell Debtor 2 Echo Renea McConnell

Case number (if known)

	regulations controlling the cleanup of these substances, wastes, or material.									
	Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.									
		ardous material means anything an env ardous material, pollutant, contaminant			wa	ste, hazardous substance, toxic s	substance,			
Rep	ort a	II notices, releases, and proceedings th	at yo	u know about, regardless of wher	the	ey occurred.				
24.	Has	any governmental unit notified you tha	t you	may be liable or potentially liable	und	der or in violation of an environm	ental law?			
		No Yes. Fill in the details.								
		me of site dress (Number, Street, City, State and ZIP Code)		Governmental unit Address (Number, Street, City, State and ZIP Code)	d	Environmental law, if you know it	Date of notice			
25.	Hav	e you notified any governmental unit of	any i	release of hazardous material?						
		No								
		Yes. Fill in the details.								
		me of site dress (Number, Street, City, State and ZIP Code)		Governmental unit Address (Number, Street, City, State and ZIP Code)	d	Environmental law, if you know it	Date of notice			
26.	Hav	e you been a party in any judicial or adr	ninist	trative proceeding under any envi	roni	mental law? Include settlements	and orders.			
		No								
		Yes. Fill in the details.								
		se Title se Number		Court or agency Name	Na	ture of the case	Status of the case			
				Address (Number, Street, City, State and ZIP Code)						
Par	t 11:	Give Details About Your Business or	Conn	nections to Any Business						
27.	With	nin 4 years before you filed for bankrup	tcy, d	id you own a business or have an	y of	the following connections to any	/ business?			
		$\hfill \square$ A sole proprietor or self-employed i	n a tr	ade, profession, or other activity,	eith	ner full-time or part-time				
		☐ A member of a limited liability comp	any ((LLC) or limited liability partnersh	ip (L	_LP)				
		☐ A partner in a partnership								
		☐ An officer, director, or managing ex	ecuti	ve of a corporation						
		☐ An owner of at least 5% of the votin	g or e	equity securities of a corporation						
		No. None of the above applies. Go to I	Part 1	2.						
		Yes. Check all that apply above and fill	l in th	e details below for each business	S.					
		siness Name	Des	scribe the nature of the business		Employer Identification numbe				
		dress nber, Street, City, State and ZIP Code)	Nan	ne of accountant or bookkeeper		Do not include Social Security Dates business existed	number or IIIN.			
28.		nin 2 years before you filed for bankrupt itutions, creditors, or other parties.	tcy, d	id you give a financial statement t	to aı	nyone about your business? Inclu	ude all financial			
		No Yes. Fill in the details below.								
		me dress nber, Street, City, State and ZIP Code)	Date	e Issued						
Par		Sign Below								

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Official Form 107

page 6

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Debtor 1	Gregory Allen McConnell		
Debtor 2	Echo Renea McConnell	Case number (if known)	
with a bar		statement, concealing property, or obtaining money or property by fraud in co 000, or imprisonment for up to 20 years, or both.	nnection
/s/ Greg	ory Allen McConnell	/s/ Echo Renea McConnell	
Gregory	/ Allen McConnell	Echo Renea McConnell	
Signatur	e of Debtor 1	Signature of Debtor 2	
Date N	lovember 16, 2017	Date November 16, 2017	
Did you a ■ No	ttach additional pages to Your Statement o	Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?	
■ No □ Yes			
Did you p ■ No	ay or agree to pay someone who is not an	torney to help you fill out bankruptcy forms?	
☐ Yes. Na	ame of Person Attach the Bankruptcy	etition Preparer's Notice, Declaration, and Signature (Official Form 119).	

Fill in this information to identify your case:								
Debtor 1	Gregory Allen McConnell							
Debtor 2 (Spouse, if filing)	Echo Renea McConnell							
United States E	Bankruptcy Court for the: Western	District of Missouri						
Case number (if known)								

Check	Check as directed in lines 17 and 21:								
	According to the calculations required by this Statement:								
1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).									
	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).								
	3. The commitment period is 3 years.								
	4. The commitment period is 5 years.								
	Check if this is an amended filing								

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Calculate Your Average Monthly Income Part 1: 1. What is your marital and filing status? Check one only.

- - ☐ Not married. Fill out Column A, lines 2-11.
 - Married. Fill out both Columns A and B. lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both

				Colu Debt	mn A c or 1	Columnon-file	
Your gross wages, salary, tips, bonuses, overtime, payroll deductions).	, and co	ommissio	ons (before all	\$	7,436.80	\$	0.00
Alimony and maintenance payments. Do not include Column B is filled in.	e payme	ents from	a spouse if	\$	0.00	\$	0.00
All amounts from any source which are regularly por you or your dependents, including child support rom an unmarried partner, members of your househol and roommates. Include regular contributions from a silled in. Do not include payments you listed on line 3. Net income from operating a business,	t. Includ ld, your pouse o	de regular depende only if Co	r contributions nts, parents,	\$	0.00	\$	0.00
profession, or farm	Debto						
Gross receipts (before all deductions)	> _	0.00					
Ordinary and necessary operating expenses	- \$ _	0.00					
Net monthly income from a business, profession, or fa	rm \$ _	0.00	Copy here ->	\$	0.00	\$	0.00
Net income from rental and other real property	Debto	r 1					
Gross receipts (before all deductions)	\$_	0.00					
Ordinary and necessary operating expenses	-\$	0.00					
Net monthly income from rental or other real property	_	0.00	Copy here ->	Ф	0.00	\$	0.00

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

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Echo Renea McConnell Debtor 2 Case number (if known) Column A Column B Debtor 1 Debtor 2 or non-filing spouse 0.00 0.00 7. Interest, dividends, and royalties 8. Unemployment compensation 0.00 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you_____ 0.00 For your spouse 0.00 9. Pension or retirement income. Do not include any amount received that was a 0.00 0.00 benefit under the Social Security Act. 10, Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. 0.00 0.00 0.00 0.00 Total amounts from separate pages, if any. 0.00 0.00 11. Calculate your total average monthly income. Add lines 2 through 10 for 7,436.80 0.00 7,436.80 \$ each column. Then add the total for Column A to the total for Column B. Total average monthly income Part 2: **Determine How to Measure Your Deductions from Income** 12. Copy your total average monthly income from line 11. 7,436.80 13. Calculate the marital adjustment. Check one: ☐ You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. 0.00 0.00 Copy here=> 7,436.80 14. Your current monthly income. Subtract line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps: 7,436.80 15a. Copy line 14 here=> Multiply line 15a by 12 (the number of months in a year). x 12 89,241.60 15b. The result is your current monthly income for the year for this part of the form.

Gregory Allen McConnell

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Debtor Debtor		Echo Renea McConnell		Case number (if known)	
16.	Calc	culate the median family income tha	t applies to you. Follow these step	S:	
	16a.	Fill in the state in which you live.	MO		
	16h	Fill in the number of people in your ho	ousehold. 3		
		Fill in the median family income for you			¢ 68,627.00
	100.	To find a list of applicable median incinstructions for this form. This list may	ome amounts, go online using the li		\$
17.	How	do the lines compare?			
	17a.			this form, check box 1, <i>Disposable ir</i> of Your Disposable Income (Official I	
	17b.		fill out Calculation of Your Dispo	check box 2, <i>Disposable income is d</i> sable Income (Official Form 122C-2	
Part	3:	Calculate Your Commitment Peri	od Under 11 U.S.C. § 1325(b)(4)		
18.	Сор	y your total average monthly incom	e from line 11 .		\$
	cont	uct the marital adjustment if it appli end that calculating the commitment p use's income, copy the amount from lin	eriod under 11 U.S.C. § 1325(b)(4)		
	•	If the marital adjustment does not app			-\$0.00
	19b.	Subtract line 19a from line 18.			\$7,436.80
		culate your current monthly income	for the year. Follow these steps:		7 426 90
	20a.	Copy line 19b			\$7,436.80
		Multiply by 12 (the number of months	in a year).		x 12
	20b.	The result is your current monthly inc	ome for the year for this part of the f	orm	\$89,241.60
	20c.	Copy the median family income for you	our state and size of household from	line 16c	\$ 68,627.00
	21.	How do the lines compare?			
		Line 20b is less than line 20c. U period is 3 years. Go to Part 4.	nless otherwise ordered by the cour	t, on the top of page 1 of this form, cl	neck box 3, The commitment
		Line 20b is more than or equal to commitment period is 5 years.		by the court, on the top of page 1 of	f this form, check box 4, The
Part	4:	Sign Below			
	By s	igning here, under penalty of perjury I	declare that the information on this	statement and in any attachments is	true and correct.
Х	/s/	Gregory Allen McConnell	χ /s	/ Echo Renea McConnell	
	Gr	egory Allen McConnell Inature of Debtor 1		cho Renea McConnell ignature of Debtor 2	
	·	November 16, 2017		ate November 16, 2017	
	If vo	MM / DD / YYYY u checked 17a, do NOT fill out or file I	Form 122C-2	MM/DD/YYYY	
	•	u checked 17b, fill out Form 122C-2 a		that form, convivour current monthly	ingama from line 14 above

Gregory Allen McConnell

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Fill in this	information to id	entify your case:			
Debtor 1 Debtor 2		len McConnell			
(Spouse, if		a McConnell			
United Stat	es Bankruptcy Co	urt for the: Western District of Missouri			
Case numb (if known)	er		☐ Check	if this is an amende	d filing
Official For		ulation of Your Disposable I	ncome		04/1
	nis form, you will nt Period (Official	need your completed copy of Chapter 13 Statemer 122C-1).	ent of Your Current Monthly I	ncome and Calculati	on of
space is ne	eded, attach a se	e as possible. If two married people are filing togo parate sheet to this form, Include the line numbe name and case number (if known).	ether, both are equally respor r to which additional informat	nsible for being accu tion applies. On the t	rate. If more op any
Part 1:	Calculate Your I	Deductions from Your Income			
the ques	stions in lines 6-1	vice (IRS) issues National and Local Standards for 5. To find the IRS standards, go online using the available at the bankruptcy clerk's office.			
expense	s if they are higher	nts set out in lines 6-15 regardless of your actual exp than the standards. Do not include any operating ex any amounts that you subtracted from your spouse'	penses that you subtracted fror	n income in lines 5 an	
If your ex	penses differ from	month to month, enter the average expense.			
Note: Lin	e numbers 1-4 are	e not used in this form. These numbers apply to inform	mation required by a similar form	m used in chapter 7 ca	ises.
5. The	number of peop	le used in determining your deductions from inco	ome		
plus	the number of an	eople who could be claimed as exemptions on your f y additional dependents whom you support. This nur in your household.		3	
National	Standards	You must use the IRS National Standards to ans	wer the questions in lines 6-7.		
		other items: Using the number of people you entere ollar amount for food, clothing, and other items.	d in line 5 and the IRS National	\$	1,378.00
7. O ut	-of-pocket health	care allowance: Using the number of people you e	ntered in line 5 and the IRS Nat	tional Standards, fill in	

the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health car costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

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Debtor 1 **Echo Renea McConnell** Debtor 2 Case number (if known) People who are under 65 years of age 7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65 3 7c. Subtotal. Multiply line 7a by line 7b. 147.00 Copy here=> \$ 147.00 People who are 65 years of age or older 7d. Out-of-pocket health care allowance per person 117 7e. Number of people who are 65 or older 0 0.00 7f. Subtotal. Multiply line 7d by line 7e. 0.00 Copy here=> 147.00 7g. **Total.** Add line 7c and line 7f 147.00 Copy total here=> Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15. Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts: Housing and utilities - Insurance and operating expenses Housing and utilities - Mortgage or rent expenses To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill 584.00 in the dollar amount listed for your county for insurance and operating expenses. Housing and utilities - Mortgage or rent expenses: 9a. Using the number of people you entered in line 5, fill in the dollar amount 1,029.00 listed for your county for mortgage or rent expenses. 9b. Total average monthly payment for all mortgages and other debts secured by your home. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60. Name of the creditor Average monthly payment BB&T 660.00 Repeat this amount Сору 660.00 660.00 9b. Total average monthly payment here=> on line 33a. 9c. Net mortgage or rent expense. Copy Subtract line 9b (total average monthly payment) from line 9a (mortgage 369.00 369.00 or rent expense). If this number is less than \$0, enter \$0. here=> 10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and 0.00 affects the calculation of your monthly expenses, fill in any additional amount you claim. Explain why:

Gregory Allen McConnell

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Echo Renea McConnell Debtor 2 Case number (if known) 11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense. ☐ 0. Go to line 14. ☐ 1. Go to line 12. 2 or more. Go to line 12. 12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the 406.00 operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area. 13. Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles. Vehicle 1 Describe Vehicle 1: 13a. Ownership or leasing costs using IRS Local Standard..... 0.00 13b. Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles. To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Name of each creditor for Vehicle 1 Average monthly payment -NONE-Repeat this Copy amount on **Total Average Monthly Payment** 0.00 0.00 here => -\$ 13c. Net Vehicle 1 ownership or lease expense Copy net Vehicle 1 Subtract line 13b from line 13a. if this number is less than \$0, enter \$0. expense here 0.00 0.00 Vehicle 2 Describe Vehicle 2: 13d. Ownership or leasing costs using IRS Local Standard..... 0.00 13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for Name of each creditor for Vehicle 2 Average monthly payment -NONE-Сору Repeat this here amount on line Total average monthly payment 0.00 0.00 13f. Net Vehicle 2 ownership or lease expense Copy net Vehicle 2 Subtract line 13e from line 13d. if this number is less than \$0, enter \$0. expense here 0.00 0.00 14. Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the 0.00 Public Transportation expense allowance regardless of whether you use public transportation. 15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may 0.00 not claim more than the IRS Local Standard for Public Transportation.

Gregory Allen McConnell

Debtor 1

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Debtor 1 Debtor 2 Gregory Allen McConnell Echo Renea McConnell Case number (if known)

Oth	er Necessary Expenses	In addition to the expense d the following IRS categories		s listed above	, you are allowed your monthly expenses	for	
16.	self-employment taxes, soo your pay for these taxes. H and subtract that number fr	cial security taxes, and Medic owever, if you expect to rece om the total monthly amount	are taxe: ive a tax	s. You may inc refund, you m	d local taxes, such as income taxes, clude the monthly amount withheld from ust divide the expected refund by 12 for taxes.	\$	1,344.63
	Do not include real estate, sales, or use taxes.						1,044.00
17.	Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.					\$	0.00
	Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.						
18.	Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any for of life insurance other than term.						11.91
19.		The total monthly amount the as spousal or child support			by the order of a court or		
	Do not include payments or	n past due obligations for spo	ousal or o	child support. \	You will list these obligations in line 35.	\$	0.00
20.	Education: The total month	nly amount that you pay for e	ducation	that is either i	required:		
	as a condition for your jo	ob, or					
	for your physically or me	entally challenged dependent	child if r	no public educ	ation is available for similar services.	\$	0.00
21	Childcare: The total month	ly amount that you pay for ch	nildcare	such as habys	sitting, daycare, nursery, and preschool.		
		or any elementary or secondary				\$	0.00
22.	that is required for the heal		depende	ents and that is	amount that you pay for health care s not reimbursed by insurance or paid		
	,	nce or health savings accour				\$	0.00
20.	6. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. +\$						
24.	Add all of the expenses a Add lines 6 through 23.	llowed under the IRS expe	nse allo	wances.		\$	4,260.54
Add	litional Expense Deduction	These are additional do Note: Do not include a					
25.					ses. The monthly expenses for health ly necessary for yourself, your spouse, o	r	
	Health insurance		\$	685.75			
	Disability insurance		\$	0.00			
	Health savings account + \$						
	Total		\$	713.57	Copy total here=>	\$	713.57
	Do you actually spend this	total amount?					
	No. How much do y						
	Yes	, ,	\$				
26.	26. Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may					0.00	
27.	Protection against family	violence. The reasonably ne	ecessary	monthly expe	nses that you incur to maintain the	·	
	safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. By law, the court must keep the nature of these expenses confidential. \$ 0.00						
	By law the court muct know		אוזמחחם אב	entiai		Φ	0.00

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ebtor 1 ebtor 2	Gregory Allen McConnell Echo Renea McConnell	Cas	se number (if kr	nown)					
	Additional home energy costs. Your home energy costs are included in your insurance and operating expenses on line 8.								
	If you believe that you have home energy c B, then fill in the excess amount of home er	osts that are more than the home energy cos ergy costs	ts included	in ex	penses	on lin	е		
	You must give your case trustee documents amount claimed is reasonable and necessa	ation of your actual expenses, and you must ry.	show that th	ne ad	lditional			\$	0.00
;	Education expenses for dependent child \$160.42* per child) that you pay for your de public elementary or secondary school.	ren who are younger than 18. The monthly pendent children who are younger than 18 ye	expenses (ears old to a	(not r attend	more that d a priva	an ate or			
	You must give your case trustee documenta claimed is reasonable and necessary and r	ation of your actual expenses, and you must out of already accounted for in lines 6-23.	explain why	the	amount				
,	Subject to adjustment on 4/01/19, and ever	ery 3 years after that for cases begun on or at	fter the date	of a	djustme	ent.		\$	20.00
ı	Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.								
		onal allowance, go online using the link spec o be available at the bankruptcy clerk's office		sepa	rate				
•	You must show that the additional amount of	claimed is reasonable and necessary.						\$	0.00
	Continuing charitable contributions. The nstruments to a religious or charitable orga	amount that you will continue to contribute in nization. 11 U.S.C. § 548(d)(3) and (4).	n the form o	f cas	h or fina	ancial			
I	Do not include any amount more than 15%	of your gross monthly income.						\$	0.00
		_					-		733.57
	Add all of the additional expense deduct Add lines 25 through 31.	ions.					\$		733.37
Dedu	ctions for Debt Payment								
T	eans, and other secured debt, fill in lines of calculate the total average monthly paym reditor in the 60 months after you file for back Mortgages on your home	ent, add all amounts that are contractually du	e to each s	ecure	ed				monthly
33a.	Copy line 9b here					=>	\$	yment	660.00
	Loans on your first two vehicles						٠.		
33b.						=>	\$		0.00
	0 " 10 "						,		
33c.	Copy line 13e here						\$		0.00
33d.	List other secured debts:								
Name	e of each creditor for other secured debt	Identify property that secures the debt		incl	es paym ude tax nsuranc	es			
		Household items purchased at Neb	raska		No				
	Nebraska Furniture Mart	Furniture Mart	n a ska		Yes		\$		11.26
				_			٠.		
					No				
					Yes		\$		
					No				
					Yes		+\$		
						1	Ī	,	
33e	Total average monthly payment. Add lines	33a through 33d	\$	67	1.26	Copy total here		\$_	671.26
33e	Total average monthly payment. Add lines	33a through 33d	\$	67	1.26	total		\$_	

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Gregory Allen McConnell Debtor 1 **Echo Renea McConnell** Debtor 2 Case number (if known) 34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents? Go to line 35. ☐ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the cure amount). Next, divide by 60 and fill in the information below. Name of the creditor Identify property that secures the debt Total cure amount Monthly cure amount -NONE- $\div 60 = $$ Copy total Total \$ 0.00 0.00 here=> 35. Do you owe any priority claims - such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507. No. Go to line 36. ☐ Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19. Total amount of all past-due priority claims 0.00 ÷60 \$ 0.00 36. Projected monthly Chapter 13 plan payment 200.00 Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by 6.50 the Executive Office for United States Trustees (for all other districts). To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Copy total 13.00 13.00 here=> Average monthly administrative expense 684.26 37. Add all of the deductions for debt payment. Add lines 33e through 36. **Total Deductions from Income** 38. Add all of the allowed deductions. Copy line 24, All of the expenses allowed under IRS 4,260.54 expense allowances Copy line 32, All of the additional expense deductions 733.57 Copy line 37, All of the deductions for debt payment +\$ 684.26 5,678.37 5,678.37 Total deductions..... Copy total here=>

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	egory Aller no Renea M	n McConnell McConnell	Cas	se num	ber (<i>if known</i>)		
2: De	etermine Yo	ur Disposable Income Under 11 U.S.C. § 1325	(b)(2)				
		rrent monthly income from line 14 of Form 12. Current Monthly Income and Calculation of C				\$	7,436.8
childre disabilit received	n. The month y payments f d in accordar	bly necessary income you receive for support nly average of any child support payments, foster for a dependent child, reported in Part I of Form ance with applicable nonbankruptcy law to the extended for such child.	r care payments, or 122C-1, that you	\$	(0.00	
employe in 11 U.	er withheld fr S.C. § 541(b	retirement deductions. The monthly total of all a community wages as contributions for qualified retirement ()(7) plus all required repayments of loans from rec. § 362(b)(19).	nt plans, as specified	\$	1,525	5.14	
. Total of	f all deduction	ons allowed under 11 U.S.C. § 707(b)(2)(A). Co	opy line 38 here=	> \$	5,678	3.37	
expense their ex	es and you h penses. You	cial circumstances. If special circumstances just ave no reasonable alternative, describe the spec must give your case trustee a detailed explanation documentation for the expenses.	cial circumstances an	ıd			
escribe th	ne special c	ircumstances	Amount of expe	ense			
			_ \$		-		
			\$				
			\$		-		
		Total \$	0.00	Co he	py re=> \$	0.00	
. Total a	djustments.	Add lines 40 through 43.	=>	\$	7,203.51	Copy here=> -\$	7,203.5
. Calcula	ate your moi	nthly disposable income under § 1325(b)(2). S	Subtract line 44 from I	ine 3	9.	\$	233.29
3: C	hango in Inc	come or Expenses					
. Change have ch time you you filed	e in income langed or are ur case will be d your petitio	or expenses. If the income in Form 122C-1 or the virtually certain to change after the date you file to open, fill in the information below. For example n, check 122C-1 in the first column, enter line 2 in when the increase occurred, and fill in the am	ed your bankruptcy pe e, if the wages reporte n the second column	etitior ed ind , exp	and during the creased after		
rm	Line	Reason for change	Date of change	•	Increase or decrease?	Amount of chan	ge
122C-1 122C-2	2	Debtor has worked an uncharacteristally significant amount of overtime in the last six months, which will not continue.	12/01/17		☐ Increase ☐ Decrease	\$.00
122C-1					☐ Increase	c	
122C-2 122C-1				_	☐ Decrease☐ Increase	\$	
122C-1 122C-2					☐ Decrease	\$	
122C-1					☐ Increase		
122C-2					☐ Decrease	\$	

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ebtor 1 ebtor 2	Echo Renea McConnell	Case number (if known)
art 4:	Sign Below	
E	By signing here, under penalty of perjury you declar	re that the information on this statement and in any attachments is true and correct.
x		X /s/ Echo Renea McConnell
X	/s/ Gregory Allen McConnell Gregory Allen McConnell Signature of Debtor 1	

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.